

# ***Fundamentals of Risk Reduction Counseling***

## **Course Dates:**

February 22, 2006  
Florence

May 23-24, 2006  
Columbia, SC

August 28-29, 2006  
Greenville, SC

**All trainings will begin promptly at 9 a.m.  
Participant sign-in is at 8:30 a.m.**

## **Registration form**

***For registration, cancellation, or course  
Information contact:***

James Harris, Jr.  
STD/HIV Division Training Coordinator  
1751 Calhoun Street  
Columbia, South Carolina 29201  
Phone: 803-898-0480  
Fax: 803-898-0573  
Email: [harrisj@dhec.sc.gov](mailto:harrisj@dhec.sc.gov)

***Deadline for registration is 15 business days  
prior to the training.***

## **Course Description:**

This 2-day course will focus on building the skills necessary to provide effective risk assessments and risk reduction counseling. It will discuss the basic principles of behavior change, factors that contribute to behavior change, and approaches for effective HIV prevention counseling.

## **Prerequisites:**

- HIV, STD, and S.C. Law or an equivalent HIV Facts based course.

## **Audience:**

All Health and Human Services Providers

## **Instructor (s):**

Bill Hight, Ph. D

## **Training Hours:**

13.5

***Continuing Education Units available.***



**STD/HIV Division**

**Registration Form**

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: \_\_\_\_\_  
District or Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Evening: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Type of Agency (check one):

- ☐ State Health Dept. or Professional    ☐ Local Health Dept.    ☐ Substance Abuse  
☐ Non-governmental Org.    ☐ Private Medical Provider    ☐ Corrections  
☐ DHEC Funded Prevention Contractor    ☐ Other \_\_\_\_\_

Mark the course date and location you are requesting:

*Addressing the Needs of Clients Who Test Positive*

\_\_\_ February 22-23, 2006      Florence, SC  
\_\_\_ May 23-24, 2006      Columbia, SC  
\_\_\_ August 28-29, 2006      Greenville, SC

\*HIV, STD, and SC STD/HIV Law and Test Decision Counseling, Result Counseling, and Risk Reduction Counseling are prerequisite for the above course. Please indicate the following information regarding each:

1. Date and location: \_\_\_\_\_
2. Date and location: \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

(Your supervisor **must** sign this form to indicate knowledge and agreement with your registration.)

**For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at [harrisj@dhec.sc.gov](mailto:harrisj@dhec.sc.gov). Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.**